

OAK CHAPEL UNITED METHODIST CHURCH (OCUMC) CONSOLIDATED VOUCHER
 4203 W OLD LINCOLN WAY
 WOOSTER OH 44691
 (330) 264-2537

Voucher and Reimbursement Policy

- All vouchers must be signed and have a receipt, billing statement, invoice or Weekly Account Summary ⁵ attached.
- Vouchers for orders must also have the packing/shipping list attached with date and initials of the individual taking delivery.
- All information must be supplied to ensure the proper accounts are credited.
- All purchases over \$25 should be approved in advance by the respective chairperson, if possible.

Reimbursable Expenses ¹ - Vouchers for expenses for which reimbursement is requested must be turned into the Treasurer as soon as possible, but not later than 30 calendar days from the date of purchase. Reimbursement vouchers are paid based on budgeted expenses, available funds and chairperson authorization.

Returns ² - Vouchers for returns must be turned into the Treasurer as soon as possible, but not later than 30 calendar days afterwards.

In-Kind Donation ³ - Vouchers for In-Kind (Noncash) donations must be turned into the Financial Secretary (FS) as soon as possible, but not later than 15 days after the end of the fiscal year. Acknowledgement is based on date of donation. If not obvious from the receipt, invoice, etc., please attach a reasonably detailed description of the donated item(s). FS signs and returns the voucher/attachment(s) to the donor. FS does not confirm the value of donation. Donor is solely responsible for fair market valuation (see IRS Pub 526).

Charged Expenses ⁴ - Vouchers for charges must be turned into the Treasurer as soon as possible, but not later than 14 calendar days from the date of purchase/receipt of purchased item(s). This is to ensure timely payment.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Purchaser</td> <td style="width: 15%;">POC ⁵</td> <td style="width: 20%;">In-Kind Donor (Select One)</td> </tr> <tr> <td>Name:</td> <td colspan="2">_____</td> </tr> <tr> <td>Address:</td> <td colspan="2">_____</td> </tr> <tr> <td>City State Zip:</td> <td colspan="2">_____</td> </tr> <tr> <td>Phone No.</td> <td colspan="2">_____</td> </tr> <tr> <td>Amount:</td> <td colspan="2">_____</td> </tr> <tr> <td>Date of Purchase:</td> <td colspan="2">_____</td> </tr> <tr> <td>Pay Purchaser? ¹</td> <td>YES NO</td> <td>(Select One)</td> </tr> <tr> <td>Return Voucher? ²</td> <td>YES NO</td> <td>(Select One)</td> </tr> <tr> <td>In-Kind Donation? ³</td> <td>YES NO</td> <td>(Select One)</td> </tr> <tr> <td colspan="3" style="font-size: small;">Purchaser confirms this is a necessary expense for Oak Chapel / POC confirms this organized donation was received for the named Donee / In-Kind Donor submission.</td> </tr> <tr> <td>Signature:</td> <td colspan="2">Date:</td> </tr> <tr> <td colspan="3" style="font-size: small;">Committee chairperson confirms this is a budgeted /authorized expense.</td> </tr> <tr> <td>Signature:</td> <td colspan="2">Date:</td> </tr> </table>	Purchaser	POC ⁵	In-Kind Donor (Select One)	Name:	_____		Address:	_____		City State Zip:	_____		Phone No.	_____		Amount:	_____		Date of Purchase:	_____		Pay Purchaser? ¹	YES NO	(Select One)	Return Voucher? ²	YES NO	(Select One)	In-Kind Donation? ³	YES NO	(Select One)	Purchaser confirms this is a necessary expense for Oak Chapel / POC confirms this organized donation was received for the named Donee / In-Kind Donor submission.			Signature:	Date:		Committee chairperson confirms this is a budgeted /authorized expense.			Signature:	Date:		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Vendor</td> <td style="width: 20%;">Donee (Select One)</td> </tr> <tr> <td>Name:</td> <td>_____</td> </tr> <tr> <td>Address:</td> <td>_____</td> </tr> <tr> <td>City State Zip:</td> <td>_____</td> </tr> <tr> <td>Phone No.</td> <td>_____</td> </tr> <tr> <td>Amount:</td> <td>_____</td> </tr> <tr> <td>Date of Purchase:</td> <td>_____</td> </tr> <tr> <td>Pay Vendor? ⁴</td> <td>YES NO (Select One)</td> </tr> <tr> <td>Pay Donee? ⁵</td> <td>YES NO (Select One)</td> </tr> <tr> <td>STEC-B Provided?</td> <td>YES NO (Select One) (Sales Tax Exempt Certificate)</td> </tr> <tr> <td colspan="2" style="font-size: small;">Thank you for your in-kind donation. OCUMC has not provided you any goods or services as a result of your in-kind donation, other than possibly intangible religious benefits. Keep this signed voucher for your tax records.</td> </tr> <tr> <td colspan="2">TAX YEAR: 2021</td> </tr> <tr> <td>FS Signature:</td> <td>Date:</td> </tr> </table>	Vendor	Donee (Select One)	Name:	_____	Address:	_____	City State Zip:	_____	Phone No.	_____	Amount:	_____	Date of Purchase:	_____	Pay Vendor? ⁴	YES NO (Select One)	Pay Donee? ⁵	YES NO (Select One)	STEC-B Provided?	YES NO (Select One) (Sales Tax Exempt Certificate)	Thank you for your in-kind donation. OCUMC has not provided you any goods or services as a result of your in-kind donation, other than possibly intangible religious benefits. Keep this signed voucher for your tax records.		TAX YEAR: 2021		FS Signature:	Date:
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_____	61711.1 - Music Related Expenses	_____	61715.1 - Outreach Mission/Events
_____	61711.2 - Worship Related Expenses	_____	61715.5 - Outreach Mailings/Publicity
_____	61711b - Remuneration (Flowers)	_____	61715.9 - Outreach Other
_____	61712G1 - GenEd Curriculum & Supplies	_____	61718.3 - MbrCare Activities & Supplies
_____	61712G3 - GenEd Special Programs	_____	61718.5 - MbrCare Cards & Postage
_____	61712G9 - GenEd Other	_____	61718.9 - MbrCare Other
_____	61712V1 - SYO Curriculum & Supplies (Summer Youth Outreach)	_____	
_____	61712V4 - SYO Food	_____	62724M1 - Parsonage Maintenance
_____	61712V5 - SYO Advertising	_____	62724M2 - Church Maintenance
_____	61712V9 - SYO Other	_____	62724S1 - Church Custodian Supplies
_____	61712Y1 - Youth Curriculum & Supplies	_____	62724Z - Church Misc Expense
_____	61712Y3 - Youth Special Events	_____	Other _____
_____	61712Y9 - Youth Other	_____	